



## Supplemental Application Data Sheet

### **Application Information**

Application number::	10/623075
Filing Date::	07/18/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1644
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	TREATMENT OF ANEMIA USING TNF $\alpha$ INHIBITORS
Attorney Docket Number::	BPI-192
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Subhashis
Family Name::	BANERJEE
City of Residence::	Shrewsbury
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	35 Hapgood Way
City of mailing address::	Shrewsbury
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 01545

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lori

Middle Name:: K.

Family Name:: TAYLOR

City of Residence:: Wadsworth

State or Province of Residence:: IL

Country of Residence:: US

Street of mailing address:: 14576 West Crabapple Drive

City of mailing address:: Wadsworth

State or Province of mailing address:: IL

Postal or Zip Code of mailing address:: 60083

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Clive

Middle Name:: E.

Family Name:: SPIEGLER

City of Residence:: Reading

Country of Residence:: United Kingdom

Street of mailing address:: 70 Peppard Road

Emmer Green

City of mailing address:: Reading

Country of mailing address:: United Kingdom

Postal or Zip Code of mailing address:: RG4 8TL

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: Edward  
Family Name:: TRACEY  
City of Residence:: Harvard  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 149 Shaker Road  
City of mailing address:: Harvard  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01451

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Elliot  
Middle Name:: Keith  
Family Name:: CHARTASH  
City of Residence:: Randolph  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 28 Edinburgh Drive  
City of mailing address:: Randolph  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07869

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rebecca  
Middle Name:: S.  
Family Name:: HOFFMAN

City of Residence::	Wilmette
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	1300 Elmwood Avenue
City of mailing address::	Wilmette
State or Province of mailing address::	IL
Postal or Zip Code of mailing address::	60091

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	William
Middle Name::	T.
Family Name::	BARCHUK
City of Residence::	Madison
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	95 Madison Avenue
	Apt. 1
City of mailing address::	Madison
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	07940

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Philip
Family Name::	YAN
City of Residence::	Vernon Hills
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	368 Old Creek Road

City of mailing address:: Vernon Hills  
State or Province of mailing address:: IL  
Postal or Zip Code of mailing address:: 60061

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Anwar  
Family Name:: MURTAZA  
City of Residence:: Westborough  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 30 Treetop Park  
City of mailing address:: Westborough  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01581

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Jochen  
Middle Name:: G.  
Family Name:: SALFELD  
City of Residence:: North Grafton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 177 Old Westboro Road  
City of mailing address:: North Grafton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01536

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Family Name:: FISCHKOFF  
City of Residence:: Short Hills  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 5 Canoe Brook Road  
City of mailing address:: Short Hills  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07078

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/397275	07/19/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/411081	09/16/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/417490	10/10/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/455777	03/18/03

## Assignee Information

Assignee name:: Abbott Biotechnology Ltd.  
Street of mailing address:: Clarendon House  
2 Church Street  
City of mailing address:: Hamilton  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: HM 11